Metro High School Hockey League

Officials Tracing Record Sheet

*(only needs to be filled out by home team)*

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Arena: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Official / Timekeeper | Contact Number | Answered “No” to all screening questions |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

I certify the above information to be accurate. Arena officials may contact me for further information if required.

|  |  |
| --- | --- |
| Safety Rep Name: |  |
| Contact Number: |  |